

Date: [Insert Date]

Social Security Administration
[Insert Local Office Address]
[Insert City, State, Zip Code]

RE: Notice of Appointment of Representative and Request for Overpayment Waiver

Claimant Name: [Insert Claimant Name]
Social Security Number: [Insert SSN]
Claim Number: [Insert Claim Number, if different]

To Whom It May Concern:

Please be advised that I represent [Insert Claimant Name] in regard to the overpayment notice dated [Insert Date of Notice] in the amount of \$[Insert Amount].

Enclosed please find Form SSA-1696 (Appointment of Representative) formally authorizing me to act on the claimant's behalf. Please direct all future correspondence, notices, and copies of decisions regarding this matter to my attention at the address listed below.

On behalf of my client, I am formally submitting the following:

- **Form SSA-632-BK:** Request for Waiver of Overpayment Recovery.
- **Supporting Documentation:** Evidence of financial hardship and/or proof that the claimant was without fault in causing the overpayment.

We contend that the claimant is without fault in the creation of this overpayment and that recovery of this debt would either defeat the purpose of the Social Security Act or be against equity and good conscience.

We request that all collection efforts, including benefit withholding, be suspended immediately while this waiver request is pending, in accordance with SSA regulations.

Please contact me at [Insert Phone Number] or [Insert Email Address] if you require further information or documentation.

Sincerely,

[Your Signature]

[Your Printed Name]
[Your Title/Organization]
[Your Address]
[Your City, State, Zip Code]

Enclosures: SSA-1696, SSA-632-BK, Supporting Financial Records